

“i’m blessed to have this little angel”

By Mark P. Trolice, M.D., as told to Jessica Brown

When this fertility specialist and his wife had trouble getting pregnant, it seemed like the ultimate irony.

Medical school students are exposed to a myriad of specialties during their education, but I knew instantly what my calling was: I would devote my practice to reproductive endocrinology and fertility. The privilege of being involved in the most intimate aspect of people’s lives captivated me from day one. The only other decision that felt so easy and natural was marrying my wife, Andrea. We met in the hospital where I interned during my fourth year of med school; she was the office manager in the medical education department. It was love at first sight. A year later, we were husband and wife.

From the moment we met, we were comfortable talking about everything . . . and that included our desire to have a family, preferably two or three children. Once I finished the most challenging,

time-consuming part of my residency, we decided to start trying to get pregnant. There was no reason to be concerned. After all, we were young—Andrea was 29 and I was 30—and neither of us had health problems. But I’ve always been a worrier and it didn’t help that I knew the details about everything that could go wrong.

fears become reality

When we weren’t successful after the first month of trying, I instantly assumed the worst. Andrea, however, is the opposite of me: reassuring, patient, and an optimist.

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We continued trying, but after a year I made an appointment with a friend who’s an ob-gyn. He referred us to a specialist, who performed an endometrial biopsy on Andrea and tested my sperm, but everything was fine. We accepted the situation, frustrating as it was: to say that it was a little ironic that a fertility specialist couldn’t get his wife pregnant was an understatement!

Andrea and I agreed we’d pursue fertility treatments, but we diverged on just how far we’d go. I didn’t want to take any extreme measures to have a child. Andrea’s health was foremost on my mind, and I didn’t want to pursue any treatments that might harm her. Andrea, however, was willing to try any type of procedure. It was an issue that would hang over us for the next several years.

no easy answers

The first step was using Clomid, a drug that boosts signals between the brain and

ovaries, increasing the number of eggs Andrea would develop each month. At the right time, the doctor would inject my sperm close to Andrea’s fallopian tubes, increasing the odds of fertilization. Even though there was only a 10 percent chance it would work in any given month, we remained hopeful.

We stuck with Clomid for four fruitless months before deciding to see if there was an anatomical reason Andrea wasn’t getting pregnant. Or, rather, Andrea made the call: this required elective surgery and general anesthesia, so I believed she should decide. I agonized in the waiting room as the surgeon threaded a telescope through Andrea’s navel to check for pelvic abnormalities. Being on the other side turned out to be a valuable experience for me as a doctor. Now, when I do surgery, I make sure that the nurses constantly update the patient’s family.

The test revealed that Andrea had mild

endometriosis. But the condition wasn’t significant enough to be the cause of our troubles. I was grateful to know that Andrea was healthy, but we were discouraged to find ourselves no closer to solving our problem.

going too far?

Step two was Perganol, an injectable drug that stimulates the ovaries more intensely than Clomid does. I wasn’t thrilled; it carries risks such as tubal pregnancy, overdevelopment of cysts, and so on. Andrea knew I was worried even though I kept silent. Despite my hesitance, the hope of options was enticing. But seeking help from my colleagues meant that our fertility problems were no longer a secret. More and more people knew about our struggle. We were open with friends and family, but I sensed that they had no idea what to say to us. I did, however, feel bonded with my patients now.

Unfortunately, Perganol didn’t work

either. The option of in vitro fertilization (IVF)—what I consider the granddaddy of fertility options—loomed, and Andrea was willing to try it. During our third IVF cycle, she was rushed to the hospital with ovarian hyperstimulation syndrome. It was frightening and devastating: we learned she had been pregnant. The embryo had implanted in her uterus but didn’t grow.

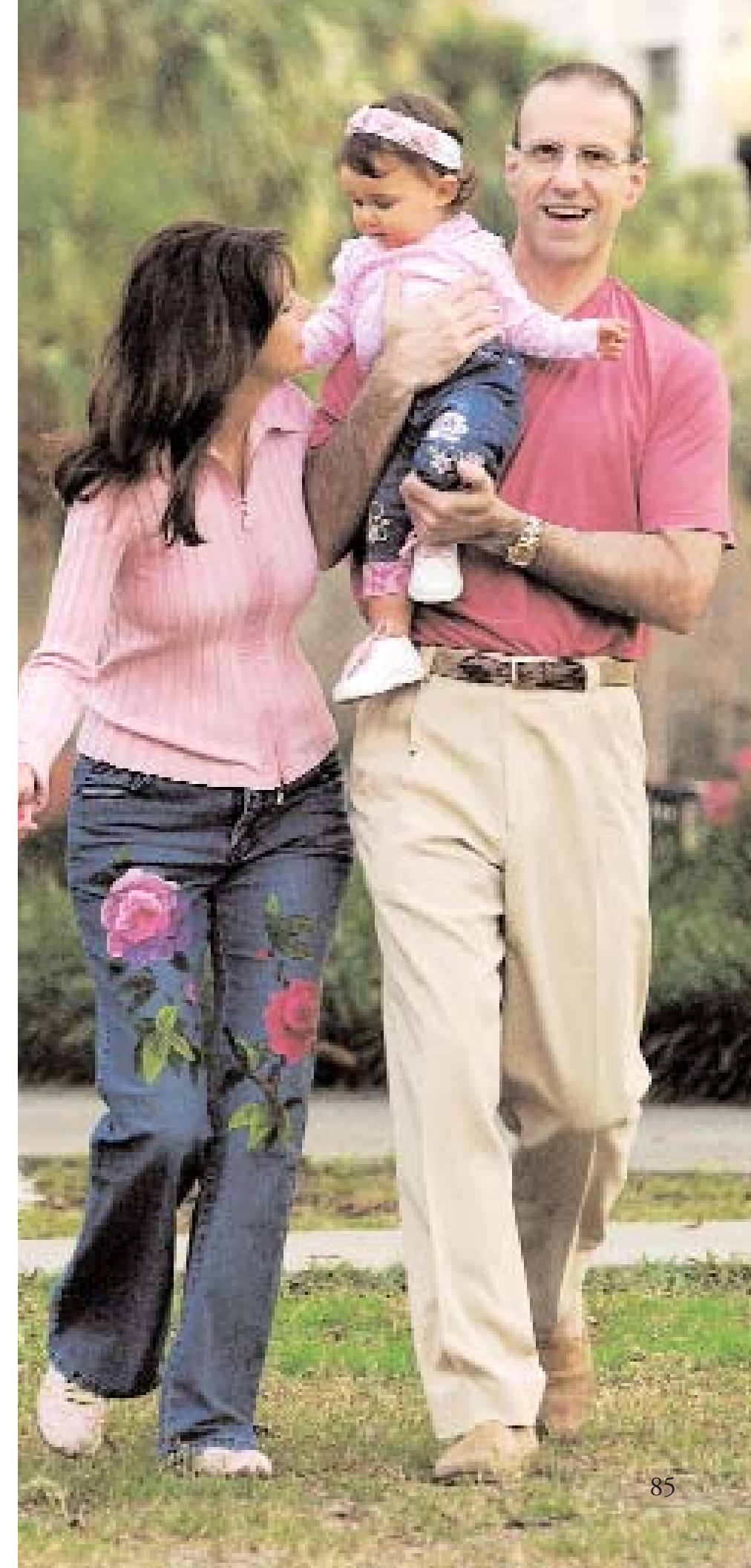
By this point, I was adamant about halting all procedures, and for a year we did nothing. We talked about adoption but not very seriously, since we still held out hope that we’d conceive. Then a fourth cycle of IVF sent Andrea to the emergency room yet again, this time with a ruptured tubal pregnancy. We were in the process of moving to Florida, and she started bleeding on the drive there. Andrea and I were near our wits’ end, grieving the loss of a second child in a city where we didn’t even know anyone.

We tried IVF once more and lost the pregnancy early in the first trimester. This time we really called it quits.

finally, a family

Our lives don’t always turn out quite the way we dream they will, but I believe one measure of integrity is how you handle difficulties. Adoption finally helped us to have the family we’d wanted for so long. We contacted a local adoption agency that connects birth moms with parents, and after completing the home study we were matched with a mother in 2003. Andrea actually became quite close to the birth mom, taking her to her ob-gyn appointments and staying with her in the delivery room. Our daughter, Rose, was born later that year. Andrea was the first person to hold our baby girl.

Today, Rose is walking, beginning to say a few words, and always smiling. I’m blessed to have this little angel. She’s as much a part of us as if Andrea had given birth to her herself. If I’d known I would feel like this I would have started the adoption process years earlier. But if Andrea and I had, God would not have brought us Rose. She was worth every minute of the wait. ❀



MICHAEL CAIRNS (2)